



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000099281

2. Name of Corporation Scottish Heritage Society

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2 WEATHERVANE WAY

City or Town: BRADFORD

State: RI Zip: 02808 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FOSTER, ENCOURAGE AND ASSIST PERSONS TO FURTHER THEIR APPRECIATION OF SCOTTISH CULTURE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ILETA KAY HOWARD	44 SUNRISE AVENUE PAWCATUCK, CT 06379 USA
TREASURER	JANET ALLEN MS	2 WEATHERVANE WAY BRADFORD, RI 02808 USA

SECRETARY	MARCIA HAYS MRS.	90 ASHAWAY ROAD WESTERLY, RI 02891 USA
PRESIDENT	ILETA KAY HOWARD MRS	44 SUNRISE AVENUE PAWCATUCK, CT 06379 USA
DIRECTOR	HAZEL DOUTHITT MS	PO BOX 122 HOPE VALLEY, RI 02832 USA
DIRECTOR	JANICE FULLER MRS.	40 LEWIS ROAD PRESTON, CT 06365 USA
DIRECTOR	JOEL FULLER	40 LEWIS ROAD PRESTON, CT 06365 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JANET ALLEN 2 WEATHERVANE WAY BRADFORD , RI 02808

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of June, 2016 at 9:16:53 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ILETA KAY HOWARD
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved